

ILLINOIS STATE POLICE

TODAY'S DATE 30 Oct 2013

ISP CASE# [REDACTED] DIVISION OF FORENSIC SERVICES*FORENSIC SCIENCES COMMAND*FSC-C
EVIDENCE SUBMISSION FORM FOR CHICAGO POLICE DEPARTMENT

PAGE 1 OF 2

RD#:	CR 1051475		OFFENSE: Forgery DATE OF OFFENSE: 10/02/09	SUBMITTING/CONTACT DET.: Detective Shawn Kennedy #21270
#1 Victim	Name [REDACTED]	IR/SID/FBI #'S: IR # [REDACTED]	DET'S WORK HOURS: Monday-Friday 0900-1700 hours	
#2 Suspect	Sgt. Jose L. Lopez	No Record	PAGER/CELL PHONE NUMBER: 312-351-0441	
#3 Suspect	PO Darryl Hardy	No Record	BELL & PAX NUMBER: Bell 312-746-4170 Pax 4057	
#4 Suspect	PO Pablo Mariano	No Record	AREA/UNIT: Bureau of Internal Affairs/121	
#5 Suspect	Det. Anthony M. Amato	No Record	EVIDENCE COORDINATOR (EC): [Signature]	
#6 Suspect	PO Victor Rivera	No Record	EC REVIEW DATE: 31 Oct 2013	

INSTRUCTIONS:

*PLEASE LIST ALL INVENTORIES ASSOCIATED WITH THE ABOVE RD# SEPARATELY***

ATTACH ORIGINAL CASE REPORT

SUBMIT FORM TO AREA EVIDENCE COORDINATOR FOR REVIEW

INVENTORY	ITEM DESCRIPTION	SPECIFIC REQUEST FOR ANALYSIS <small>Indicate to Which Section(s) Each Item Should Go</small>	PRIORITY <small>*EC-ONLY*</small>	BOX TYPE <small>*FSS-ONLY*</small>
[REDACTED]	20 Original Consent to Search Forms (Sgt. Jose Lopez)	D	1	
[REDACTED]	Handwriting Samples (Sgt. Jose Lopez)	D	1	
[REDACTED]	20 Original Consent to Search Forms (PO Darryl Hardy)	D	1	
[REDACTED]	Handwriting Samples (PO Darryl Hardy)	D	1	
[REDACTED]	20 Original Consent to Search Forms (PO Pablo Mariano)	D	1	
[REDACTED]	Handwriting Samples (PO Pablo Mariano)	D	1	
[REDACTED]	20 Original Consent to Search Forms (Det. Anthony Amato)	D	1	
[REDACTED]	Handwriting Samples (Det. Anthony Amato)	K4-(21-29) ^D	1	F300
[REDACTED]	20 Original Consent to Search Forms (PO Victor Rivera)	D	1	

PLEASE INCLUDE PERTINENT CASE INFO AND LIST ANY ASSOCIATED RD#S IN WHICH COMPARISONS ARE NEEDED:

The inventories listed on this page and the attached page are the handwriting samples requested by the Illinois State Police (Lyndel Morris) for handwriting analysis by the Springfield Forensic Science Laboratory. History: The suspect [REDACTED], who is listed in the original case under RD number [REDACTED] was shown not to be associated with the signature in question, from the original Consent to Search form (which is still in the possession of ISP). This was the finding of an independent expert, as well as the ISP under lab case number [REDACTED]. Through a Grand Jury subpoena, writing samples have been obtained from the five involved sworn CPD members for examination and comparison.

*IF MORE SPACE IS NEEDED PLEASE USE AND ATTACH AN ADDITIONAL FORM

Attachment# 82

ISP 6-634 (06/05)

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CR 1051475

TODAY'S DATE 30 Oct 2013

PAGE 2 OF 2

RD#:	CR 1051475	OFFENSE: Forgery DATE OF OFFENSE: 10/02/09	SUBMITTING/CONTACT DET.: Detective Shawn Kennedy #21270
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****PLEASE LIST ALL ADDITIONAL INVENTORIES ASSOCIATED WITH THE ABOVE RD# SEPARATELY****

[illegible]

CL#	1051475
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Attachment# 82

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ISP 6-634 Additional Inventory Page (06/05)

CR 1051475

PROPERTY INVENTORY - NO.
CHICAGO POLICE DEPARTMENT
CPD-34.523 (REV. 10/09)

INV NO

PKG NO. 3542790



UNIT 121

DATE RECOVERED
05-AUG-2013



CR 1051475

RE-INVENTORY OF:

INVENTORY NO.

1051475

DESCRIPTION OF PROPERTY

ITEM ID QUANTITY OTHER : PACKAGE CONTAINING HANDWRITING SAMPLES FROM PERSONNEL JACKET OF DET. ANTHONY AMATO #20511

COMMENTS: Documents for Hand Writing Analysis by the Illinois State Police - Lab Number: S11-8230

\$ DEPOSITED AMT

\$ INVENTORY AMT

EVIDENCE & RECOVERED PROPERTY SECTION USE ONLY

CURRENCY:

Court Date
Court Branch

IUCR:

STATE CHARGES:

RECOVERED/SEIZED FROM - NAME AMATO, ANTHONY
☐ DECEASED ☐ ARRESTED

AT 3510 S MICHIGAN AVE
CHICAGO, IL 60653

BEAT OF RECOVERY
213

ADDRESS

TELEPHONE NO.

JUDGE

CT BR.

TELEPHONE NO.

OFFICER'S SIGNATURE - STAR UNIT

X

☒ HOLD FOR INVESTIGATION
AND/OR EVIDENCE KENNEDY, SHAWN
(IF NOT NEEDED FOR INVESTIGATION/EVIDENCE, LEAVE BLANK)

STAR NO. 21270
UNIT 121

1st OFFICER'S NAME
KENNEDY, SHAWN

STAR NO. 21270

☐ PROPERTY AVAILABLE FOR RETURN TO
OWNER

SIGNATURE
Electronic Approval

UNIT 121

☐ TO BE DISPOSED OF BY CUSTODIAN (NOT TO BE RETURNED)
(THIS APPLIES IF PROPERTY IS NOT EVIDENCE, NOT RETURNABLE AND/OR OWNER IS UNKNOWN)

2nd OFFICER'S NAME

STAR NO.

**INITIAL DESTINATION OF PROPERTY -
FORENSIC SERVICES SECTION**

SIGNATURE
Electronic Approval

UNIT

VIA ☐ POLICE MAIL ☒ RECOVERING UNIT PERSONNEL
☐ E & RPS PICKUP ☐ EVID/LAB TECHNICIAN

APPROVING DESK SERGEANT
BLAUL, CHRISTINE

STAR NO. 926

DATE
31-OCT-2013

TIME
13:57

COPY 1 - KEEP WITH PROPERTY

MY SIGNATURE HEREON ACKNOWLEDGES
RECEIVING ALL PROPERTY DESCRIBED
IN THIS INVENTORY

RECIPIENT'S SIGNATURE
X

ADDRESS - STREET

CITY STATE ZIP

DATE RECEIVED

OFFICER'S SIGNATURE - STAR - UNIT
X

WATCH COMMANDER'S APPROVAL SIGNATURE
(EXEMPT RANK REQUIRED FOR FIREARMS)
X

COURT ORDER - DISPOSAL INSTRUCTIONS

Detective Anthony M. Amato
Star Number: 20511

CL# 1051475
Attachment# 82
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NOTICE TO EMPLOYEES - ETHICS RULES

All employees of the City of Chicago owe their primary business/employment loyalty to the city and its citizens. In addition to the obligation to perform duties in a satisfactory manner, there are various ethical restrictions and obligations imposed by the City. Violation of these restrictions and obligations may result in discipline, up to and including discharge.

Gifts/Money. You may not accept any anonymous gift. You may not accept gifts from persons or organizations whose City business you are in a position to affect, with the exception of occasional non-cash gifts valued at less than \$50. You may not accept anything of value intended to influence official decisions or actions, or in return for advice on City business or operations. Any gifts you accept on behalf of the City must be reported promptly to the Board of Ethics.

Dual Employment. You may not use City time or City-owned property in any non-City employment or business. You may not use or reveal confidential information gained from City employment. The Chicago Police Department has the right to restrict secondary employment for good cause.

Interest in City Business. You may not take part in or influence any governmental decisions in which you have an economic interest. You may not have a financial interest, in your name or in the name of any other person, in any contract, work or business of the City. Such a financial interest can include being an employee or consultant in any City business undertaken by an immediate family member.

Property. You may not engage in or permit the unauthorized use of City-owned property. You may not have a financial interest in the purchase of City property unless it is sold through public, competitive bidding.

Relatives. You may not hire or advocate the hiring of relatives for jobs with the City agency where you are employed. You may not supervise or involve yourself with any City contract that benefits a relative.

These obligations and restrictions are set forth in detail in Chapter 2-156 of the Municipal Code, and in the Personnel Rules of the City. This Notice is intended to describe some of the more common situations covered by the ethics rules; it is not a substitute for a review both of Chapter 2-156 and the Personnel Rules. If you have any questions about your ethical obligations, contact the City of Chicago Board of Ethics, 744-9660.

I hereby acknowledge receipt of a copy of the foregoing notice this 21 day of June, 1999.

Signature: Anthony M. Amato

Print Name: ANTHONY M. AMATO

Soc. Sec. No. [REDACTED] K4-21

Title: Probationary Police Officer

CL# 1051475

* You must return a signed copy of this Notice to your Department head.

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I hereby certify that there are no willful misrepresentations, omissions or falsifications in this questionnaire, and all my answers are true and correct.

SIGNATURE (APPLICANT)

Anthony M. Amato

DATE (DAY - MONTH - YEAR)

7-JULY-1998

CONTINUE ON TO PAGE 12 AND SIGN RELEASE

THIS SECTION TO BE COMPLETED AT THE TIME OF YOUR PERSONAL INTERVIEW WITH
AN INVESTIGATOR FROM THE CHICAGO POLICE DEPARTMENT

I have reviewed this questionnaire on this date in the presence of the below listed witness and re-affirm my position that all of the information provided by me in this questionnaire remains true and correct or, where applicable, I have made the necessary corrections and changes.

PRINT NAME (APPLICANT)

ANTHONY M. AMATO

DATE (DAY - MONTH - YEAR)

13 DEC 98

SIGNATURE (APPLICANT)

Anthony M. Amato

DATE (DAY - MONTH - YEAR)

13 DEC 98

SIGNATURE (WITNESS)

STAR #

17916

DATE (DAY - MONTH - YEAR)

13 DEC 98

K4-22

CL# 1051475

Attachment # 82

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City of Chicago
Employee Change of Address Form

Department C. P. D. Bureau _____
Name AMATO, ANTHONY M
Position title P. O.
Social Security number [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address [REDACTED] Zip Code [REDACTED]
New Address [REDACTED] Zip Code [REDACTED]
Effective Date 22 SEP 00
New Phone Number [REDACTED]

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand both the front and reverse sides of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

Signed

Anthony M. Amato

Date

22 SEP 00 051475

Complete and sign two copies.
First copy to departmental file.
Second copy to Department of Personnel.

Attal

82

Page

2

15



City of Chicago
Employee Residency Affidavit

Department Police Bureau _____
Name ANTHONY M. AMATO
Position title POLICE OFFICER
Social Security number [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

My address is: [REDACTED]
CHICAGO, IL zip code [REDACTED]

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand both the front and reverse sides of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

Signed Anthony M. Amato

Date 6-21-98 E4-24

CL# 1051475

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Complete and sign two copies.

First copy to department file.

Second copy to Department of Personnel.



DEPARTMENT OF POLICE * CITY OF CHICAGO
3510 SOUTH MICHIGAN AVENUE *CHICAGO, ILLINOIS 60653

SWORN
ELECTRONIC SIGNATURE VERIFICATION AFFIDAVIT

TO: COMMANDER, PERSONNEL DIVISION

FROM: NAME: AMATO, ANTHONY M.

RANK/TITLE: DET.

PC NUMBER: [REDACTED]

EMPLOYEE NUMBER: [REDACTED]

SUBJECT: VERIFICATION OF SECURE ELECTRONIC SIGNATURE

I HEREBY ACKNOWLEDGE THAT THE CHICAGO POLICE DEPARTMENT HAS ASSIGNED TO ME A UNIQUE COMPUTER SYSTEM IDENTIFIER, KNOWN AS A "PC LOG-IN IDENTIFIER." I ACKNOWLEDGE THAT IT IS MY DUTY TO RETAIN CONTROL OF AND MAINTAIN THE SECRECY OF THE PASSWORD WHICH I HAVE CREATED FOR USE IN CONNECTION WITH MY PC LOG-IN IDENTIFIER. I FURTHER ACKNOWLEDGE THAT MY PC LOG-IN IDENTIFIER, AS VERIFIED BY MY PASSWORD, SHALL ACT AS MY ELECTRONIC SIGNATURE AND SHALL HAVE THE FULL LAWFUL EFFECT AS THAT OF MY WRITTEN SIGNATURE.

SIGNATURE: [Signature]

DATE: 16 FEB 07

WITNESS' SIGNATURE: [Signature]

DATE: 16 FEB 07 k4-25
x

CPD-62.111 (Rev. 1/07)

CL# 1051475

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SWORN ELECTRONIC SIGNATURE VERIFICATION AFFIDAVIT
CHICAGO POLICE DEPARTMENT / PERSONNEL DIVISION

TO: COMMANDER OF POLICE PERSONNEL

FROM: NAME: ANTHONY M. AMATO

TITLE: POLICE OFFICER

EMPLOYEE NUMBER: [REDACTED]

SUBJECT: VERIFICATION OF SECURE ELECTRONIC SIGNATURE

I HEREBY ACKNOWLEDGE THAT THE CHICAGO POLICE DEPARTMENT HAS ASSIGNED TO ME A UNIQUE COMPUTER SYSTEM IDENTIFIER, KNOWN AS A "PC LOGIN IDENTIFIER." I ACKNOWLEDGE THAT IT IS MY DUTY TO RETAIN CONTROL OF AND MAINTAIN THE SECRECY OF THE PASSWORD WHICH I HAVE CREATED FOR USE IN CONNECTION WITH MY PC LOGIN IDENTIFIER. I FURTHER ACKNOWLEDGE THAT MY PC LOGIN IDENTIFIER, AS VERIFIED BY MY PASSWORD, SHALL ACT AS MY ELECTRONIC SIGNATURE AND SHALL HAVE THE FULL LAWFUL EFFECT AS THAT OF MY WRITTEN SIGNATURE.

SIGNATURE: [Signature]

DATE: 03 FEB 05 E4-26

WITNESS SIGNATURE: [Signature]

DATE: 03 FEB 05

STATE OF ILLINOIS
County of Cook
CITY OF CHICAGO

Star No. 8030

having been appointed to the

Name (print) AMATO, ANTHONY M

office of

Police Officer

do solemnly swear that I will support the Constitution of the United States, and the Constitution of the State of Illinois, and that I will faithfully discharge the duties of the office of such, according to the best of my ability.

Signature

[Signature]

Address (print)

[Redacted Address]

Witnessed by:

St. Lawrence

Date

13 Nov. 99

**PERSONAL HISTORY QUESTIONNAIRE
BACKGROUND INVESTIGATION
CHICAGO POLICE DEPT.**

1. POSITION APPLIED FOR:

EXAM NO. 39701

☒ POLICE OFFICER

☐ OTHER (SPECIFY) _____

2. DATE 7-6-98

(DAY-MONTH-YEAR)

6-July 1998

3. NAME (LAST - FIRST - MIDDLE INITIAL)

AMATO ANTHONY M

4. MAIDEN NAME (IF APPL.)

5. HOME PHONE

6. BUSINESS PHONE

7. HOME ADDRESS (STREET NUMBER & NAME - APARTMENT NUMBER - CITY & STATE - ZIP CODE - COUNTY)

8. SOCIAL SECURITY #

**INSTRUCTIONS
PRINT OR TYPE ALL INFORMATION**

**IT IS IMPORTANT TO READ THESE INSTRUCTIONS CAREFULLY AND TO SIGN
THE AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION
CONTAINED ON THE BACK COVER OF THIS QUESTIONNAIRE.**

You must be complete and truthful in all your answers. All answers that you give in this application are subject to verification. Any failure to report completely or any untruthful answers will subject you to rejection as a candidate. **You are not required to disclose your HIV status in response to any question herein.**

In this questionnaire, a number of items ask for simple "yes" and "no" answers and do not require any explanation. However, if you wish to explain your answers, use the **CONTINUATION SECTION** on page 10 of this questionnaire. Before each answer or explanation, write the item number for reference.

Do not leave any question blank. If a question does not apply to you, write "NA" (Abbreviation for "Not Applicable"). Your answers must be legible. **Do not disclose any medical or psychological conditions in response to any question herein.**

DISCLAIMER

I understand that the processing of this Personal History Questionnaire is not a guarantee of employment or hire as a Probationary Police Officer or the position applied for. I further understand that consideration for employment is dependent upon my successful completion of all steps of the process for this position and upon the availability of a budgeted position for Probationary Police Officer or the position applied for.

I have read and understand all of the instructions pertaining to this Personal History Questionnaire and the content of the above disclaimer.

9. SIGNATURE (APPLICANT)

Anthony M. Amato

1051475

DATE (DAY - MONTH - YEAR)

6-July 1998

CHICAGO POLICE DEPARTMENT
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, ANTHONY M. AMATO, do hereby authorize the release, review of and full disclosure of all records concerning myself to the Chicago Police Department, whether the said records are of a public, private, or confidential nature, except that I do not authorize the release of any information regarding my HIV status.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions including records of loans, the records of commercial or retail credit agencies (including credit reports, and/or ratings); and other financial statements and records; employment and pre-employment records, including background reports, and performance ratings, but excluding information relating to medical conditions and medical history (unless a conditional offer of employment has been made); and, all records maintained by any criminal justice or corrections agency including, but not limited to, incident reports, arrest records and criminal history information.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Chicago. I also agree to hold harmless any person(s) who may furnish such information concerning me; and I hereby release said person(s) from any liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization for Release of Personal Information." I understand that all information and documents turned over to the Chicago Police Department become the property of the Chicago Police Department and will not be returned to me.

SIGNATURE Anthony M. Amato

ADDRESS [REDACTED]

PHONE NUMBER [REDACTED]

DATE OF BIRTH [REDACTED] SOCIAL SECURITY NO. [REDACTED]

WITNESS Chloe C. [Signature] CL# 1051475 DATE 12-30-98

CHICAGO POLICE DEPARTMENT
EVIDENCE

RD. NO. _____ DATE 05 AUG 2013

INVENTORY NO. _____ ME NO. _____

TYPE OF OFFENSE _____

CASE NAME CR 10514 75

ADDRESS OF SCENE/SERVICE _____

District of Occurrence _____ Beat No. _____

Detective(s) KENNY Area B. I. A.

Sgt. Calcutt #96

CONTENTS

HANDWRITING SAMPLES

RECOVERED FROM DET. ANTHONY AMATO

RECOVERED BY DET. SHAWN KENNY

CPD 33.310 - A (3/97)

CL# 1051475

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Illinois State Police



C13-042010:8

11/05/2013: DMH

11/5/13

11/25/13



1051475*

Inventory No./Incident No.

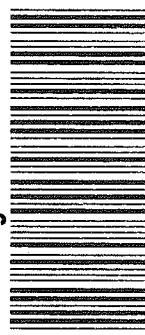
CHICAGO POLICE DEPARTMENT

**Evidence and Recovered Property
(eTrack)**

Inventory No:



Package No: 3542790



3542790

Incident No: CR 1051475
Recovered Date: 05 - AUG - 2013
Storage Code: FSS - EVIDENCE
Unit/Site: 177/E

1051475

FORM 100 - EVIDENCE EVAL